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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*None Will*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*None Will*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY VT	SHEETS DRAWING 30	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Will</i> Initials				

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TITLE  
 STRUCTURE AND METHOD FOR LATCHUP SUPPRESSION UTILIZING TRENCH AND MASKED SUB-COLLECTOR IMPLANTATION

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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